



Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

REQUEST FOR BENEFIT ESTIMATE

Retirement System _____

Date _____

Type of Retirement (please check one)

☐

Service Retirement

☐

Disability Retirement

☐

Volunteer Firefighters Compensation Act (VFCA)

Notes

I have terminated (or may terminate) on _____
Month/ Day/ Year

☐

I am considering retirement as of the first day of the month following my termination; **or**

☐

I am waiting to retire on the first day of _____
Month/Year

Please prepare estimates of the retirement options available as of these dates.

Name _____

Address/PO Box _____

City _____ ST _____ Zip _____

Birthdate _____ Phone Number _____

Social Security Number* _____

Beneficiary Information (for estimate purposes only)

Name _____

Birthdate _____

Relationship _____

Signature of Member _____

MPERA Use Only

_____ Telephone Request

_____ Staff initials